



Event High Plains Trail Riders

Date April 6 Division \_\_\_\_\_

(For a list of divisions please see [www.obstaclechallengeseries.com](http://www.obstaclechallengeseries.com) or FB page)

Rider Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Parent or Legal Guardian Name If under 18: \_\_\_\_\_

Signature of Rider or Legal Guardian \_\_\_\_\_

## HORSE INFORMATION

Horse's Name: \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Mule?

Sex \_\_\_\_\_ Color \_\_\_\_\_ BLM Mustang? \_\_\_\_\_ Neck Branded? \_\_\_\_\_ If you wish to participate with more than one horse, you must complete a separate form and pay an entry for each horse.

**Special Instructions:** Pre register by March 31st and receive \$5.00 off the regular Division fees.

**Jackpot Race** after all divisions are complete, 100% payout 1<sup>st</sup> thru 3<sup>rd</sup> (50-30-20). Cost is additional \$20.

**Make checks payable and mail to: High Plains Trail Riders PO Box 937 Strasburg, CO 80136**

**~Please familiarize yourself with the 2019 rules online prior to day of race ~  
[www.coloradoobstaclechallenge.com](http://www.coloradoobstaclechallenge.com)**

-----: Host Use Only  
Date Received \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Entry # \_\_\_\_\_